

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE     |
|---------------------|----------|--------|----------|
| FEE DETERMINATION   | SF       |        | 10-11-01 |
| O.I.P.E. CLASSIFIER |          | 10     | 10-19-01 |
| FORMALITY REVIEW    | AB       | 640    | 11-07-01 |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
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